## Case 16-26871 Doc 1 Filed 08/22/16 Entered 08/22/16 13:06:02 Desc Main Document Page 1 of 56

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | LaTisha First name  Q Middle name  Lewis Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | FKA LaTisha McClennon   |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-5484   |   |

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Case number (if known)

Debtor 1 LaTisha Q Lewis

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|---|---|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|    |   | EINs  | EINs   |  |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|    |   | 11924 S Harvard Ave<br>Chicago, IL 60628  |  |  |  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|    |   | Cook  | -  |  |  |  |
|    |   | County  | County   |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |   |   |  |  |  |  |

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Document Case number (if known) Debtor 1 LaTisha Q Lewis

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |              |                                      |                          |                              |                            |   |  |  |
|---|---|---|--------------|--------------------------------------|--------------------------|------------------------------|----------------------------|---|--|--|
|   | choosing to file under  | ☐ Chapter 7   |              |                                      |                          |                              |                            |   |  |  |
|   |   | _   | napter 11    |                                      |                          |                              |                            |   |  |  |
|   |   | _   | napter 12    |                                      |                          |                              |                            |   |  |  |
|   |   | _   | napter 13    |                                      |                          |                              |                            |   |  |  |
|   |   | <b>–</b> 01   | Taplet 13    |                                      |                          |                              |                            |   |  |  |
| 8.  | How you will pay the fee  |   | about how yo | u may pay. Typio<br>attorney is subm | cally, if you are paying | the fee yourse               | lf, you may pay with cash  | r local court for more details<br>a, cashier's check, or money<br>a credit card or check with |  |  |
| <ul> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter</li> </ul> |   |   |              |                                      |                          | ation for Individuals to Pay |                            |   |  |  |
|   |   |   |              |                                      |                          |                              |                            |   |  |  |
|   |   |   |              |                                      |                          |                              |                            | of the official poverty line that<br>this option, you must fill out                           |  |  |
|   |   |   |              |                                      |                          |                              | orm 103B) and file it with |   |  |  |
|   |   |   |              |                                      |                          |                              |                            |   |  |  |
| 9.  | Have you filed for bankruptcy within the  | □ No  |              |                                      |                          |                              |                            |   |  |  |
|   | last 8 years?   | Ye  |              |                                      |                          |                              |                            |   |  |  |
|   |   |   | District     | ilnbke                               | When                     | 2/22/12                      | Case number                | 12-06424  |  |  |
|   |   |   | District     |                                      | When                     |                              | Case number                |   |  |  |
|   |   |   | District     |                                      | When                     |                              | Case number                |   |  |  |
| 10.   | Are any bankruptcy cases pending or being   | ■ No  | )            |                                      |                          |                              |                            |   |  |  |
|   | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye  | s.           |                                      |                          |                              |                            |   |  |  |
|   |   |   | Debtor       |                                      |                          |                              | Relationship to y          | ou ou   |  |  |
|   |   |   | District     |                                      | When                     |                              | Case number, if            | known   |  |  |
|   |   |   | Debtor       |                                      |                          |                              | Relationship to y          | ou  |  |  |
|   |   |   | District     |                                      | When                     |                              | Case number, if            | known   |  |  |
| 11. Do you rent your   Road Go to line 12.  |   | ■ No  | Go to li     | ne 12.                               |                          |                              |                            |   |  |  |
| 11.   | residence?  | ☐ Ye  | s. Has yo    | ur landlord obtai                    | ned an eviction judgme   | ent against you              | and do you want to stay    | in your residence?  |  |  |
| 11.   |   |   |              |                                      |                          |                              |                            |   |  |  |
| 11.   |   |   |              | No. Go to line 12                    | 2.                       |                              |                            |   |  |  |
| 11.   |   |   |              |                                      | ial Statement About ar   | n Eviction Judgı             | ment Against You (Form     | 101A) and file it with this   |  |  |

Debtor 1 LaTisha Q Lewis Document Page 4 of 56 Case number (if known)

| art  | 3: Report About Any Bu  | sinesses `             | You Own   | as a Sole Proprieto                                  | or   |  |  |  |
|------|---|------------------------|---|--|--|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to   | Part 4.  |  |  |  |  |
|      |   | ☐ Yes.                 | Name  | and location of busi                                 | ness   |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        |   | of business, if any                                  |  |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb  | er, Street, City, State                              | e & ZIP Code   |  |  |  |
|      | it to this petition.  |                        | Check   | Check the appropriate box to describe your business: |  |  |  |  |
|      |   |                        |   | Health Care Busine                                   | ess (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|      |   |                        |   | Single Asset Real                                    | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |
|      |   |                        |   | Stockbroker (as de                                   | fined in 11 U.S.C. § 101(53A))   |  |  |  |
|      |   |                        |   | Commodity Broker                                     | (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|      |   |                        |   | None of the above                                    |  |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropria<br>adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement<br>erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu<br>In U.S.C. 1116(1)(B). |  |  |  |  |  |
|      | For a definition of small   | ■ No.                  | I am not filing under Chapter 11.   |  |  |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |  |  |
|      |   | ☐ Yes.                 | I am fi   | ling under Chapter 1                                 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Parí | 4: Report if You Own or   | Have Any               | Hazardo   | us Property or Any                                   | Property That Needs Immediate Attention  |  |  |  |
| 14.  | Do you own or have any  |                        |   |  |  |  |  |  |
|      | property that poses or is alleged to pose a threat of imminent and  | ■ No. □ Yes.           | What is t   | he hazard?   |  |  |  |  |
|      | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs  |                        |   | ate attention is why is it needed?                   |  |  |  |  |
|      | immediate attention?  |                        | needed,   | wity is it liceded?                                  |  |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is  | the property?  |  |  |  |  |
|      |   |                        |   |  | Number, Street, City, State & Zip Code   |  |  |  |

Debtor 1 LaTisha Q Lewis Document Page 5 of 56 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Filed 08/22/16 Case 16-26871 Doc 1 Entered 08/22/16 13:06:02 Desc Main Document Page 6 of 56 Case number (if known) Debtor 1 LaTisha Q Lewis Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ LaTisha Q Lewis Signature of Debtor 2 LaTisha Q Lewis Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on August 22, 2016

MM / DD / YYYY

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Debtor 1 LaTisha Q Lewis Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

|   | G. Stahulak<br>Attorney for Debtor    | Date          | August 22, 2016<br>MM / DD / YYYY |  |  |  |  |
|---|---------------------------------------|---------------|-----------------------------------|--|--|--|--|
| Thomas G.   | Stahulak                              |               |                                   |  |  |  |  |
| Stahulak & Firm name                                | Associates, L.L.C. / GetFiled         |               |                                   |  |  |  |  |
| 53 W. Jackson Blvd., Suite 652<br>Chicago, IL 60604 |                                       |               |                                   |  |  |  |  |
| Number, Street, Contact phone                       | City, State & ZIP Code (312) 662-1480 | Email address | ecf@stahulakandassociates.com     |  |  |  |  |
| 6288620   |                                       | Email address | eci e stariularariuassociates.com |  |  |  |  |

|                                |                          | Docume            | ent Page 8 of 56 |       |
|--------------------------------|--------------------------|-------------------|------------------|-------|
| Fill in this infor             | mation to identify your  | case:             |                  |       |
| Debtor 1                       | LaTisha Q Lewis          | Middle Name       | Last Name        |       |
| Debtor 2<br>Spouse if, filing) | First Name               | Middle Name       | Last Name        |       |
| United States Ba               | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |       |
| Case number _                  |                          |                   |                  | ☐ Che |
|                                |                          |                   |                  | l ame |

Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  |             | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 89,643.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 9,021.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 98,664.00                 |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 76,288.00                 |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 34,323.50                 |
|     | Your total liabilities   | \$          | 110,611.50                |
| Par | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,717.31                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,322.31                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     |  |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Case number (if known) Debtor 1 LaTisha Q Lewis

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,224.42

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot | tal claim |
|--|-----|-----------|
| From Part 4 on Schedule E/F, copy the following:   |     |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$  | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$  | 12,323.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$  | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  | 12,323.00 |

|                        | Ouc  | 00 10 20071   | . D001                 | Doc   | ument                                      | Page 10 of 56  | 0 10.00.02                      | . 2000                                    | , wan  |
|------------------------|--|---|------------------------|---|--|--|---------------------------------|---|--|
| Fill                   | in this informa  | ation to identify                                     | your case and th       | nis filing  | j:   |  |                                 |   |  |
| Deb                    | tor 1  | LaTisha Q Le  |                        | N   |  | LastName   |                                 |   |  |
| Deb                    | tor 2  | FIRST Name  | Middle                 | e Name  |  | Last Name  |                                 |   |  |
| (Spou                  | use, if filing)  | First Name  | Middle                 | Name  |  | Last Name  |                                 |   |  |
| Unit                   | ed States Bank   | kruptcy Court for                                     | the: NORTHER           | N DIST  | RICT OF ILLI                               | INOIS  |                                 |   |  |
| Cas                    | e number   |   |                        |   |  | _  |                                 | C   | Check if this is an amended filing   |
| Off                    | icial For  | m 106A/B  |                        |   |  |  |                                 |   |  |
| Sc                     | hedule   | A/B: Pr   | operty                 |   |  |  |                                 |   | 12/15  |
| Part  1. Do            | 1: Describe Ea   | on.<br>ach Residence, Bu<br>ve any legal or equ<br>2. | ilding, Land, or Ot    | her Real  | Estate You O                               | ne top of any additional pages wn or Have an Interest In g, land, or similar property?   | s, write your name              | e and case n                              | umber (if known).  |
| 1.1                    | 11924 S Harvard Ave Street address, if available, or other description |   |                        | What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative |  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |                                 |   |  |
|                        | Chicago  | IL<br>State   | 60628-0000<br>ZIP Code | <br>  | Land Investment profiles Timeshare Other   | st in the property? Check one  | Describe the n                  | ?<br>43.00<br>ature of you<br>mple, tenan | Current value of the portion you own? \$89,643.00  r ownership interest cy by the entireties, or |
|                        | Cook   |   |                        | Other   | Debtor 2 only Debtor 1 and At least one of | Debtor 2 only of the debtors and another you wish to add about this ite  | ☐ Check if the (see instruction |   | unity property   |
| ı                      |  | ve attached for F                                     |                        |   |  | from Part 1, including any   |                                 |   | \$89,643.00  |
| Do yo<br>some<br>3. Ca | ou own, lease<br>eone else drive                                       | e, or have legal o<br>s. If you lease a v             |                        | rt it on S  | Schedule G: E                              | whether they are registere<br>Executory Contracts and Uni  |                                 | de any vehi                               | cles you own that  |

Official Form 106A/B Schedule A/B: Property page 1

|    |                            | Case                    | 16-26871   | Doc 1          | Filed 08/22/16                             | Entered 08/22/16 13:   | 06:02        | Desc Main   |
|----|----------------------------|-------------------------|--|----------------|--|--|--------------|---|
| D  | ebtor 1                    | LaTisha                 | Q Lewis  |                | Document                                   | Page 11 of 56 Case numbe   | r (if known) |   |
| 4. |                            |                         |  |                |  | cles, other vehicles, and accesso<br>owmobiles, motorcycle accessories |              |   |
|    | ■ No                       |                         |  |                |  |  |              |   |
|    | ☐ Yes                      |                         |  |                |  |  |              |   |
|    |                            |                         |  |                |  |  |              |   |
| 5  |                            |                         |  |                |  | om Part 2, including any entries                                       |              | \$0.00  |
| Р  | art 3: Des                 | scribe Your             | Personal and Ho                                      | ousehold Items | <b>S</b>                                   |  |              |   |
| D  | o you ow                   | n or have               | any legal or eq                                      | uitable inter  | est in any of the follow                   | ing items?   |              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | <i>Example</i> □ No        | es: Major a             |  |                | nina, kitchenware                          |  |              |   |
|    | Yes.                       | Describe                |  |                |  |  |              |   |
|    |                            |                         | Used pe  | ersonal hou    | sehold goods/items a                       | nd furniture   |              | \$5,000.00  |
| _  |                            |                         |  |                |  |  |              |   |
| 7. | _                          | es: Televisi            |  |                | stereo, and digital equipia players, games | oment; computers, printers, scanne                                     | rs; music c  | ollections; electronic devices  |
|    | ■ No<br>□ Yes.             | Describe                |  |                |  |  |              |   |
| 8. | Example                    |                         |  |                |  | oks, pictures, or other art objects; s                                 | tamp, coin,  | or baseball card collections;   |
|    | ■ No<br>□ Yes.             | Describe                |  |                |  |  |              |   |
| 9. |                            | es: Sports,             | orts and hobbie<br>photographic, ex<br>I instruments |                | other hobby equipment;                     | picycles, pool tables, golf clubs, ski                                 | s; canoes a  | and kayaks; carpentry tools;  |
|    |                            | Describe                |  |                |  |  |              |   |
| 10 | ). <b>Firearm</b><br>Examp |                         | s, rifles, shotguns                                  | s, ammunitior  | n, and related equipment                   |  |              |   |
|    | ■ No<br>□ Yes.             | Describe                |  |                |  |  |              |   |
| 11 | . Clothes<br>Examp<br>□ No |                         | day clothes, furs                                    | , leather coat | s, designer wear, shoes,                   | accessories  |              |   |
|    | Yes.                       | Describe                |  |                |  |  |              |   |
|    |                            |                         | Used pe  | ersonal cloth  | ning and accessories                       |  |              | \$4,000.00  |
| _  |                            |                         | <u> </u>   |                |  |  |              |   |
| 12 | _ `                        | <i>l</i><br>les: Everyo | day jewelry, cost                                    | ume jewelry,   | engagement rings, wed                      | ding rings, heirloom jewelry, watche                                   | es, gems, g  | jold, silver  |
|    | ■ No<br>□ Yes.             | Describe                |  |                |  |  |              |   |
| 13 | Examp                      | m animal:<br>les: Dogs, | s<br>cats, birds, hors                               | es             |  |  |              |   |
|    | ■ No<br>□ Yes.             | Describe                |  |                |  |  |              |   |
|    |                            |                         |  |                |  |  |              |   |

|     |                     | Case 16-26871                                      | 1 Doc 1                        | Filed 08/22/16<br>Document                         | Entered 08/22/16 13:06:02<br>Page 12 of 56  | Desc Main  |
|-----|---------------------|--|--------------------------------|--|---|--|
| De  | ebtor 1             | LaTisha Q Lewis                                    |                                | Boodinion  | Case number (if known)  |  |
|     | ■ No                | er personal and house                              | -                              | u did not already list, iı                         | ncluding any health aids you did not list   |  |
| 15  |                     |  |                                | om Part 3, including a                             | ny entries for pages you have attached  | \$9,000.00   |
| Pa  | rt 4: Des           | cribe Your Financial Asse                          | ate                            |  |   |  |
|     |                     |  |                                | est in any of the follow                           | ing?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     | □ No                |  |                                | our home, in a safe depo                           | osit box, and on hand when you file your petiti   | on   |
|     | . 55                |  |                                |  | Cash on hand  | \$20.00  |
| 17. |                     |  |                                | al accounts; certificates counts with the same ins | of deposit; shares in credit unions, brokerage l<br>titution, list each.                    | houses, and other similar  |
|     | ■ No                |  |                                | Institution n                                      | ame.  |  |
|     | □ Yes               |  |                                | mandion  | anc.  |  |
| 18. |                     | mutual funds, or publi<br>les: Bond funds, investm |                                | cks<br>ith brokerage firms, mor                    | ey market accounts  |  |
|     | ☐ Yes               |  | Institution or is              | ssuer name:  |   |  |
| 19. | Non-pul<br>joint ve |  | d interests in in              | acorporated and uninco                             | orporated businesses, including an interes  | et in an LLC, partnership, and   |
|     |                     | Give specific information<br>Na                    | n about them<br>ame of entity: |  | % of ownership:   |  |
| 20. | Negotia             | able instruments include                           | personal check                 |  | egotiable instruments<br>missory notes, and money orders.<br>by signing or delivering them. |  |
|     |                     | Give specific information<br>Iss                   | about them suer name:          |  |   |  |
|     |                     | ent or pension accour<br>les: Interests in IRA, ER |                                | 1(k), 403(b), thrift saving                        | s accounts, or other pension or profit-sharing  | plans  |
|     | Yes. L              | ist each account separa<br>Type                    | ately.<br>e of account:        | Institution n                                      | ame:  |  |
|     |                     | 401(   | (k)                            |  | t plan through Employer - NO CASH<br>DER VALUE  | \$1.00   |
| 22. | Your sh             |  | sits you have ma               |  | tinue service or use from a company<br>etric, gas, water), telecommunications compar        | nies, or others  |
|     |                     |  |                                | Institution n                                      | ame or individual:  |  |
| 23. | Annuitie            | es (A contract for a perio                         | odic payment of                | money to you, either for                           | life or for a number of years)  |  |

|     |                  | Case 16                    | 6-26871  | Doc 1                       |  | Entered 08/22/16 13:06:02<br>Page 13 of 56          | Desc Main   |
|-----|------------------|----------------------------|--|-----------------------------|--|---|---|
| De  | ebtor 1          | LaTisha Q                  | Lewis  |                             | Document   | Case number (if known)                              |   |
|     | ☐ Yes            |                            | Issuer name  | and description             | on.  |   |   |
|     | 26 U.S.C<br>■ No | C. §§ 530(b)(1             | l), 529A(b), ar                                    | nd 529(b)(1).               |  | gram, or under a qualified state tuition pro        | gram.   |
|     | ☐ Yes            |                            | Institution nai                                    | me and descr                | iption. Separately file th                         | e records of any interests.11 U.S.C. § 521(c):      |   |
|     | ■ No             | -                          | information at                                     |                             | ty (other than anything                            | g listed in line 1), and rights or powers exe       | rcisable for your benefit   |
| 26. |                  |                            |  |                             | s, and other intellectu<br>oceeds from royalties a | al property<br>nd licensing agreements              |   |
|     | ☐ Yes. (         | Give specific              | information at                                     | oout them                   |  |   |   |
|     | Exampl<br>■ No   | les: Building p            | s, and other goermits, exclusion information about | sive licenses,              |  | n holdings, liquor licenses, professional license   | es  |
| M   | oney or p        | roperty owe                | ed to you?   |                             |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | ■ No             | unds owed to               | -  | out them, incl              | uding whether you alrea                            | ady filed the returns and the tax years             |   |
| 29. | ■ No             | les: Past due              | or lump sum a                                      |                             | sal support, child suppo                           | ort, maintenance, divorce settlement, property      | settlement  |
| 30. | Example ■ No     | <i>les:</i> Unpaid w       | unpaid loans                                       | y insurance p               |  | efits, sick pay, vacation pay, workers' compen      | sation, Social Security   |
| 31. |                  | s in insurandes: Health, d |  | insurance; h                | ealth savings account (F                           | HSA); credit, homeowner's, or renter's insuran      | ce  |
|     | ■ No             |                            | •  |                             |  | •   |   |
|     | ☐ Yes. N         | Name the insu              |  | ny of each po<br>pany name: | licy and list its value.                           | Beneficiary:  | Surrender or refund value:  |
|     | If you a someon  |                            | ciary of a living                                  |                             | someone who has die<br>proceeds from a life ins    | d surance policy, or are currently entitled to rece | ive property because  |
| 33. |                  |                            |  |                             | ou have filed a lawsui<br>urance claims, or rights | t or made a demand for payment<br>to sue            |   |
|     | ☐ Yes. I         | Describe eac               | h claim  |                             |  |   |   |
| 34. | Other co         | ontingent an               | nd unliquidate                                     | ed claims of                | every nature, includinç                            | g counterclaims of the debtor and rights to         | set off claims  |
|     | ☐ Yes. I         | Describe eac               | h claim  |                             |  |   |   |

| Deb          | tor 1                | LaTisha Q Lewis   | Document              | Page 14 of             | Case number (if known)    |                |
|--------------|----------------------|---|-----------------------|------------------------|---------------------------|----------------|
|              | No                   | ancial assets you did not already list  Give specific information   |                       |                        |                           |                |
| 36.          |                      | ne dollar value of all of your entries from<br>rt 4. Write that number here                                 |                       |                        | - 1                       | \$21.00        |
| Part         | 5: Des               | cribe Any Business-Related Property You Ow  | n or Have an Interest | In. List any real esta | ite in Part 1.            |                |
| 37. D        | o you o              | wn or have any legal or equitable interest in a   | ny business-related p | property?              |                           |                |
|              | No. Go               | to Part 6.  |                       |                        |                           |                |
|              | Yes. G               | o to line 38.   |                       |                        |                           |                |
| Part         |                      | <b>cribe Any Farm- and Commercial Fishing-Rel</b> a<br>u own or have an interest in farmland, list it in Pa |                       | n or Have an Interes   | st In.                    |                |
| 46. <b>[</b> | Do you               | own or have any legal or equitable interes  | est in any farm- or   | commercial fishin      | g-related property?       |                |
|              | ■ No. (              | Go to Part 7.   |                       |                        |                           |                |
|              | ☐ Yes.               | Go to line 47.  |                       |                        |                           |                |
| Part         | 7:                   | Describe All Property You Own or Have an Ir   | terest in That You Di | d Not List Above       |                           |                |
| •            | <i>Examp</i><br>■ No | have other property of any kind you did les: Season tickets, country club membersh                          |                       |                        |                           |                |
| 54.          | Add th               | ne dollar value of all of your entries from   | Part 7. Write that i  | number here            |                           | \$0.00         |
| Part         | 8.                   | List the Totals of Each Part of this Form   |                       |                        | L                         |                |
|              |                      |   |                       |                        |                           |                |
| 55.          |                      | : Total real estate, line 2   |                       |                        |                           | \$89,643.00    |
|              |                      | : Total vehicles, line 5<br>: Total personal and household items, lir                                       |                       | \$0.00                 |                           |                |
|              |                      | : Total financial assets, line 36   |                       | \$9,000.00             |                           |                |
|              |                      | •   |                       | \$21.00                |                           |                |
|              |                      | : Total business-related property, line 45  |                       | \$0.00                 |                           |                |
| 60.          |                      | : Total farm- and fishing-related property  | , iiie 52<br>         | \$0.00                 |                           |                |
| 61.          | Part /               | : Total other property not listed, line 54  | +_                    | \$0.00                 |                           |                |
| 62.          | Total                | personal property. Add lines 56 through 6   | 1                     | \$9,021.00             | Copy personal property to | tal \$9,021.00 |
| 63.          | Total                | of all property on Schedule A/B. Add line   | 55 + line 62          |                        |                           | \$98,664.00    |

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          | 17(7(4)1111)      | 111 1 (1111, 11, 11, 11, 11, 11, 11, 11, |                                      |
|---------------------|--------------------------|-------------------|--|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |  |                                      |
| Debtor 1            | LaTisha Q Lewis          |                   |  |                                      |
|                     | First Name               | Middle Name       | Last Name                                |                                      |
| Debtor 2            |                          |                   |  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                                |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                              |                                      |
| Case number         |                          |                   |  |                                      |
| (if known)          |                          |                   |  | ☐ Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own |   |   | Specific laws that allow exemption |
|--|--------------------------------------|---|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec  | ck only one box for each exemption.                             |                                    |
| 11924 S Harvard Ave Chicago, IL<br>60628 Cook County                                   | \$89,643.00                          | •   | \$15,000.00   | 735 ILCS 5/12-901                  |
| Value per Zillow<br>Line from <i>Schedule A/B</i> : 1.1                                |                                      | 100% of fair market value, up to any applicable statutory limit |   |                                    |
| Used personal household goods/items and furniture                                      | \$5,000.00                           | •   | \$3,980.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used personal clothing and accessories Line from Schedule A/B: 11.1                    | \$4,000.00                           |   | \$4,000.00  | 735 ILCS 5/12-1001(a)              |
| zne nem sancade / v z. 1 m   |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash on hand Line from Schedule A/B: 16.1  | \$20.00                              |   | \$20.00   | 735 ILCS 5/12-1001(b)              |
| zine nem estreaule / v z. 1e. 1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 401(k): Retirement plan through<br>Employer - NO CASH SURRENDER                        | \$1.00                               |   | \$1.00  | 735 ILCS 5/12-1006                 |
| VALUE Line from Schedule A/B: 21.1   |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 LaTisha Q Lewis

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Official Form 106C

Yes

|                                      |                       | Document   | Page 1            | 7 of 56  |  |                          |
|--------------------------------------|-----------------------|--|-------------------|--|--|--------------------------|
| Fill in this informat                | ion to identify you   | r case:  |                   |  |  |                          |
| Debtor 1                             | LaTisha Q Lewis       |  |                   |  |  |                          |
| -                                    | First Name            | Middle Name  | Last Name         |  |  |                          |
| Debtor 2<br>(Spouse if, filing)      | First Name            | Middle Name  | Last Name         |  |  |                          |
|                                      |                       |  |                   |  |  |                          |
| United States Bankr                  | uptcy Court for the:  | NORTHERN DISTRICT OF ILI   | LINOIS            |  |  |                          |
| Case number                          |                       |  |                   |  |  |                          |
| (if known)                           |                       |  |                   |  | _  | if this is an            |
|                                      |                       |  |                   |  | amend  | ed filing                |
| Official Form                        | 106D                  |  |                   |  |  |                          |
|                                      |                       | Who Have Claims  | Sacura            | d by Property  | N/   | 12/15                    |
| Scriedule D                          | . Creditors           | WITO Have Claims   | <u> </u>          | d by Fropert   | <u>y</u>                                     | 12/15                    |
|                                      |                       | f two married people are filing togeth<br>out, number the entries, and attach it   |                   |  |  |                          |
| 1. Do any creditors ha               | ve claims secured by  | your property?   |                   |  |  |                          |
| ☐ No. Check th                       | is box and submit th  | is form to the court with your other   | r schedules. \    | You have nothing else t                                | o report on this form.                       |                          |
| _                                    | of the information b  | •  |                   | J  |  |                          |
|                                      | ecured Claims         | ociow.   |                   |  |  |                          |
|                                      |                       | nove than one accurred claim list the are  | aditor concrete   | Column A   | Column B                                     | Column C                 |
| for each claim. If more              | than one creditor has | nore than one secured claim, list the cre<br>a particular claim, list the other creditor<br>cal order according to the creditor's name | rs in Part 2. As  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 City of Chica                    | go                    | Describe the property that secures   | the claim:        | \$1,288.00   | \$89,643.00                                  | \$0.00                   |
| Creditor's Name                      |                       | 11924 S Harvard Ave Chicago  | o, IL             |  |  |                          |
| Department of                        | of Rev - Water        | 60628 Cook County  |                   |  |  |                          |
| Division                             | _                     | Value per Zillow  As of the date you file, the claim is:   | Check all that    |  |  |                          |
| P.O. Box 633                         | -                     | apply.   | Officer all trial |  |  |                          |
| Chicago, IL 6                        |                       | Contingent   |                   |  |  |                          |
| Number, Street, Cit                  | y, State & Zip Code   | ☐ Unliquidated ☐ Disputed  |                   |  |  |                          |
| Who owes the debt?                   | ? Check one.          | Nature of lien. Check all that apply.  |                   |  |  |                          |
| ■ Debtor 1 only                      |                       | ☐ An agreement you made (such as   | mortgage or se    | ecured   |  |                          |
| ☐ Debtor 2 only                      |                       | car loan)  |                   |  |  |                          |
| Debtor 1 and Debto                   | or 2 only             | ☐ Statutory lien (such as tax lien, me   | chanic's lien)    |  |  |                          |
| At least one of the                  |                       | ☐ Judgment lien from a lawsuit   |                   |  |  |                          |
| ☐ Check if this claim community debt | relates to a          | Other (including a right to offset)  | Water Serv        | vice   |  |                          |
| Date debt was incurre                | ed                    | Last 4 digits of account num   | ber               |  |  |                          |
|                                      |                       |  |                   |  |  |                          |
| 2.2 Popular Real                     | Estate, Inc           | Describe the property that secures   |                   | \$75,000.00  | \$89,643.00                                  | \$0.00                   |
| Creditor's Name                      |                       | 11924 S Harvard Ave Chicago<br>60628 Cook County   | 0, IL             |  |  |                          |
| 7050 N O:                            | A Ot-                 | Value per Zillow   |                   |  |  |                          |
| 7250 N Cicer<br>100                  | o Ave, Ste            | As of the date you file, the claim is:   | Check all that    |  |  |                          |
| Lincolnwood,                         | IL 60712              | apply.  Contingent   |                   |  |  |                          |
| Number, Street, Cit                  | ·                     | ☐ Unliquidated   |                   |  |  |                          |
|                                      |                       | Disputed   |                   |  |  |                          |
| Who owes the debt?                   | ? Check one.          | Nature of lien. Check all that apply.  |                   |  |  |                          |
| Debtor 1 only                        |                       | ☐ An agreement you made (such as   | mortgage or se    | ecured   |  |                          |
| Debtor 2 only                        |                       | car loan)  |                   |  |  |                          |
| Debtor 1 and Debto                   |                       | ☐ Statutory lien (such as tax lien, me   | chanic's lien)    |  |  |                          |
| At least one of the                  |                       | Judgment lien from a lawsuit   | Manta:            |  |  |                          |
| ☐ Check if this claim community debt | relates to a          | Other (including a right to offset)  | Mortgage          |  |  |                          |
| Date debt was incurre                | ed 02/2013            | Last 4 digits of account num   | ber               |  |  |                          |

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| Debtor 1 | LaTisha Q Lewis                            |                          |                                   | Case number (if know) |    |
|----------|--|--------------------------|-----------------------------------|-----------------------|----|
|          | First Name                                 | Middle Name              | Last Name                         |                       |    |
|          |  |                          |                                   |                       |    |
| Add the  | dollar value of your en                    | ntries in Column A on t  | his page. Write that number here: | \$76,288.             | 00 |
|          | the last page of your tage at number here: | form, add the dollar val | lue totals from all pages.        | \$76,288.             | 00 |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |   | Document   | Page 19 of 56   |  |
|---|---|--|---|--|
| Fill in this  | information to identify your  | case:  |   |  |
| Debtor 1  | LaTisha Q Lewis   |  |   |  |
|   | First Name  | Middle Name  | Last Name   | _  |
| Debtor 2<br>(Spouse if, fili  | ng) First Name  | Middle Name  | Last Name   | _  |
| United Sta  | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF IL  | LINOIS  |  |
| Officed Sta   | ites bankruptcy Court for the.  | TOTAL PROPERTY OF THE  | LLINOIO   | _  |
| Case num<br>(if known)  | ber   |  |   | ☐ Check if this is an amended filing   |
|   | Form 106E/F<br>ule E/F: Creditors W   | /ho Have Unsecured   | l Claims  | 12/15  |
| any executo<br>Schedule G<br>Schedule D<br>left. Attach t<br>name and c | ory contracts or unexpired leases<br>: Executory Contracts and Unexp<br>: Creditors Who Have Claims Sec | that could result in a claim. Also ired Leases (Official Form 106G). I ured by Property. If more space is le. If you have no information to re | list executory contracts on Schedule<br>Do not include any creditors with par<br>needed, copy the Part you need, fill i | h NONPRIORITY claims. List the other party to A/B: Property (Official Form 106A/B) and on tially secured claims that are listed in t out, number the entries in the boxes on the n the top of any additional pages, write your |
|   | creditors have priority unsecure  |  |   |  |
| ′   | Go to Part 2.   | a olalilo agalilot you .   |   |  |
| ☐ Yes   |   |  |   |  |
|   | List All of Your NONPRIORIT   | Y Unsecured Claims   |   |  |
| 3. Do any   | creditors have nonpriority unsec  | cured claims against you?  |   |  |
| □ No.   | You have nothing to report in this p  | art. Submit this form to the court with  | n your other schedules.   |  |
| Yes   |   |  |   |  |
| unsecu  | red claim, list the creditor separately   | y for each claim. For each claim lister  |   | creditor has more than one nonpriority<br>t list claims already included in Part 1. If more<br>ured claims fill out the Continuation Page of   |
|   |   |  |   | Total claim  |
|   | rnold Scott Harris, P.C.  | Last 4 digits of acc   | count number 2417   | \$67.10  |
| 22  | onpriority Creditor's Name<br>22 Merchandise Mart Plaza<br>uite 1932                                    | When was the deb   | ot incurred?  |  |
| Nu  | hicago, IL 60654<br>umber Street City State Zlp Code  | As of the date you   | file, the claim is: Check all that apply  |  |
|   | ho incurred the debt? Check one.  |  |   |  |
|   | Debtor 1 only   | ☐ Contingent   |   |  |
|   | Debtor 2 only   | ☐ Unliquidated   |   |  |
|   | Debtor 1 and Debtor 2 only  | Disputed  Type of NONPRIOR   | RITY unsecured claim:   |  |
|   | At least one of the debtors and and   | Па   | anocoured oldfill.  |  |
| de  | Check if this claim is for a comment  | Obligations arisi  | ing out of a separation agreement or div  | orce that you did not  |
|   | the claim subject to offset?  | report as priority cla   | aims<br>n or profit-sharing plans, and other simil  | ar dobte   |
|   | No<br>No  | ·  | •   | ai uebis   |
| Ц   | Yes   | Other. Specify   | Cook County Judgment  |  |

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| Debto | or 1 LaTisha Q Lewis   | Case number (if know)   |            |
|-------|--|---|------------|
| 4.2   | Commonwealth Edison  | Last 4 digits of account number   | \$560.00   |
|       | Nonpriority Creditor's Name Bankruptcy Dept 3 Lincoln Center                                     | When was the debt incurred?   |            |
|       | Oakbrook Terrace, IL 60181  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |            |
|       | ☐ Yes  | ■ Other. Specify Utility  |            |
| 4.3   | Convergent Outsourcing   | Last 4 digits of account number 2818  | \$150.00   |
|       | Nonpriority Creditor's Name<br>800 Sw 39th St<br>Renton, WA 98057                                | When was the debt incurred? Opened 07/14  |            |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.  |   |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |            |
|       | ☐ Yes  | ■ Other. Specify Collection Attorney Comcast  |            |
| 4.4   | Harris   | Last 4 digits of account number 2304  | \$5,551.00 |
|       | Nonpriority Creditor's Name<br>111 West Jackson Blvd #400<br>Chicago, IL 60604                   | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                              | As of the date you file, the claim is: Check all that apply   |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |            |
|       | ☐ Yes  | ■ Other Specify 10 Peoples Gas  |            |

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| Debt | or 1 LaTisha Q Lewis  |  | Case number (if know)  |            |
|------|---|--|--|------------|
| 4.5  | Harvard Collection  | Last 4 digits of account number                            | 6276   | \$2,751.00 |
|      | Nonpriority Creditor's Name                                 |  | Opened 12/15 Last Active   |            |
|      | 4839 N Elston<br>Chicago, IL 60630                          | When was the debt incurred?                                | 2/22/12  |            |
|      | Number Street City State Zlp Code                           | As of the date you file, the claim                         | is: Check all that apply   |            |
|      | Who incurred the debt? Check one.                           |  |  |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|      | Debtor 2 only   | ☐ Unliquidated   |  |            |
|      | Debtor 1 and Debtor 2 only                                  | ☐ Disputed   |  |            |
|      | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:   |            |
|      | ☐ Check if this claim is for a community                    | ☐ Student loans  |  |            |
|      | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not  |            |
|      | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts  |            |
|      | Yes   | Other. Specify Collection A                                | Attorney II Dept Of Human Svcs   |            |
| 4.6  | Linebarger Goggan Blair & Sampson                           | Last 4 digits of account number                            |  | \$146.40   |
|      | Nonpriority Creditor's Name PO Box 06152 Chicago, IL 60606  | When was the debt incurred?                                |  | •          |
|      | Number Street City State Zlp Code                           | As of the date you file, the claim                         | is: Check all that apply   |            |
|      | Who incurred the debt? Check one.                           |  |  |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|      | Debtor 2 only   | ☐ Unliquidated   |  |            |
|      | Debtor 1 and Debtor 2 only                                  | ☐ Disputed   |  |            |
|      | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:   |            |
|      | ☐ Check if this claim is for a community                    | ☐ Student loans  |  |            |
|      | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not  |            |
|      | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts  |            |
|      | Yes   | Other. Specify City of Chic                                | ago  |            |
| 4.7  | Little Company of Mary Hospital                             | Last 4 digits of account number                            |  | \$5,000.00 |
|      | Nonpriority Creditor's Name<br>2800 W. 95th St              | When was the debt incurred?                                |  |            |
|      | Evergreen Park, IL 60805  Number Street City State Zlp Code | As of the date you file, the claim                         | in Obradia all that analy  |            |
|      | Who incurred the debt? Check one.                           | As of the date you file, the claim                         | із: Спеск ан тат арріу   |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|      | Debtor 2 only   | ☐ Unliquidated   |  |            |
|      |   | ☐ Disputed   |  |            |
|      | Debtor 1 and Debtor 2 only                                  | Type of NONPRIORITY unsecure                               | d claim:   |            |
|      | At least one of the debtors and another                     | ☐ Student loans  |  |            |
|      | ☐ Check if this claim is for a community debt               | _  | aration agreement or divorce that you did not  |            |
|      | Is the claim subject to offset?                             | report as priority claims                                  | and the second s |            |
|      | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts  |            |
|      | □Yes  | Other Specify Medical                                      |  |            |

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| or 1 LaTisha Q Lewis   |  | Case number (if know)                         |            |
|--|--|---|------------|
| Metro South Medical Center Nonpriority Creditor's Name               | Last 4 digits of account number                              |   | \$6,000.00 |
| 12935 S. Gregory<br>Blue Island, IL 60406                            | When was the debt incurred?                                  |   |            |
| Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                    |  |   |            |
| Debtor 1 only  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| Check if this claim is for a community                               | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes  | ■ Other. Specify Medical                                     |   |            |
| Midnight Velvet  | Last 4 digits of account number                              | 555O  | \$346.00   |
| Nonpriority Creditor's Name  | _  | Opened 40/40 Leet Active                      |            |
| 1112 7th Ave<br>Monroe, WI 53566                                     | When was the debt incurred?                                  | Opened 10/12 Last Active 5/17/13              |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| ☐ Yes  | ■ Other. Specify Charge Acc                                  | ount  |            |
| Montgomory Word  |  | 5290  | \$220.00   |
| Montgomery Ward  Nonpriority Creditor's Name                         | Last 4 digits of account number                              |   | φ220.00    |
| 1112 7th Ave   | When was the debt incurred?                                  | Opened 07/12 Last Active 11/03/12             |            |
| Monroe, WI 53566  Number Street City State Zlp Code                  | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                    | 76 of the date yearine, the claim                            | o. Chook an that apply                        |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |
| debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes  | ■ Other. Specify Charge Acc                                  | ount  |            |
|  | -1 7 =   |   |            |

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| Deb      | La i isna Q Lewis   | Case number (if know)   |          |  |  |  |  |
|----------|---|---|----------|--|--|--|--|
| 4.1<br>1 | Nw Collector  | Last 4 digits of account number 1267  | \$134.00 |  |  |  |  |
|          | Nonpriority Creditor's Name<br>3601 Algonquin Rd Ste 23   | When was the debt incurred?   |          |  |  |  |  |
|          | Rolling Meadows, IL 60008  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |          |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |          |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |          |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |  |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |  |  |  |  |
|          | Yes   | ■ Other. Specify Med1 02 Radiological Physicians Ltd  |          |  |  |  |  |
| 4.1<br>2 | Portfolio Recovery Ass  | Last 4 digits of account number 5205  | \$560.00 |  |  |  |  |
|          | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502                    | When was the debt incurred? Opened 11/14  |          |  |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |          |  |  |  |  |
|          | Who incurred the debt? Check one.   |   |          |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |          |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |          |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |  |  |  |  |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |          |  |  |  |  |
|          | Yes   | ■ Other. Specify Usa N.A.   |          |  |  |  |  |
| 4.1<br>3 | Pronger Smith MedicalCare   | Last 4 digits of account number   | \$265.00 |  |  |  |  |
| <u> </u> | Nonpriority Creditor's Name<br>2320 W. High Street  | When was the debt incurred?   | <u>·</u> |  |  |  |  |
|          | Blue Island, IL 60406  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |  |  |  |  |
|          | Who incurred the debt? Check one.   | As of the date you file, the dain is. Offect all that apply   |          |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |          |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |          |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |  |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |  |  |  |
|          | ☐ Yes   | ■ Other. Specify Medical  |          |  |  |  |  |
|          |   | · ·   |          |  |  |  |  |

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| Debit    | Latisna Q Lewis   |  | Case number (if know)                         |            |  |  |  |  |  |
|----------|---|--|---|------------|--|--|--|--|--|
| 4.1<br>4 | Sprint Corp   | Last 4 digits of account number                            |   | \$250.00   |  |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 7949                                 | When was the debt incurred?                                |   |            |  |  |  |  |  |
|          | Overland Park, KS 66207  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | _ '  |   |            |  |  |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |  |  |  |  |
|          | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |  |  |  |  |  |
|          | Yes   | Other. Specify Service                                     |   |            |  |  |  |  |  |
| 4.1<br>5 | Us Dept Of Ed/Glelsi  | Last 4 digits of account number                            | 8581  | \$5,925.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name<br>2401 International Ln<br>Madison, WI 53704                     | When was the debt incurred?                                | Opened 10/13/11                               |            |  |  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                          | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans  | ■ Student loans                               |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |  |  |  |  |  |
|          | Yes   | Other. Specify   |   |            |  |  |  |  |  |
|          |   | Educational  |   |            |  |  |  |  |  |
| 4.1<br>6 | Us Dept Of Ed/glelsi  | Last 4 digits of account number                            | 8581  | \$6,398.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name   |  | Opened 10/11 Last Active                      |            |  |  |  |  |  |
|          | Po Box 7860<br>Madison, WI 53707  | When was the debt incurred?                                | 6/30/16                                       |            |  |  |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                           | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans  |   |            |  |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |  |  |  |
|          | No  | Debts to pension or profit-sharir                          | ng plans, and other similar debts             |            |  |  |  |  |  |
|          | ■ No □ Yes  | Other. Specify   | g Filming, and other similar doors            |            |  |  |  |  |  |
|          | <b>□</b> 165  | Educational  |   |            |  |  |  |  |  |
|          |   | Luucaliona   |   |            |  |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 LaTisha Q Lewis   | Document  | Case number (if know)  |
|--|---|--|
| Name and Address<br>Capital One Bank<br>PO Box 6492<br>Carol Stream, IL 60197                                | On which entry in Part 1 or P Line 4.12 of (Check one):  Last 4 digits of account number              | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |
| Name and Address City of Chicago Department of Revenue PO BOX 88292 Chicago, IL 60680                        | On which entry in Part 1 or P Line 4.6 of (Check one):  Last 4 digits of account number               | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims      |
| Name and Address<br>Comcast<br>1255 W. North Ave<br>Chicago, IL 60622  | On which entry in Part 1 or P Line 4.3 of (Check one):  Last 4 digits of account numbers              | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |
| Name and Address Illinois Department of Human Servic Cash Management Unit PO BOX 19407 Springfield, IL 62794 | On which entry in Part 1 or P Line <u>4.5</u> of ( <i>Check one</i> ):  Last 4 digits of account numb | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |
| Name and Address<br>Mercy Hospital & Medical Center<br>PO BOX97171<br>Chicago, IL 60628                      | On which entry in Part 1 or P Line 4.11 of (Check one):  Last 4 digits of account numl                | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |
| Name and Address<br>People's Gas Light & Coke<br>200 E Randolph St<br>Chicago, IL 60601                      | On which entry in Part 1 or P Line 4.4 of (Check one):  Last 4 digits of account number               | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |
| Name and Address<br>Radiological Physicians, Ltd<br>PO BOX 2150<br>Bedford Park, IL 60499                    | On which entry in Part 1 or P Line 4.11 of (Check one):  Last 4 digits of account number              | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |
| Name and Address<br>Sprint<br>1 Sprint Parkway<br>Overland Park, KS 66251                                    | On which entry in Part 1 or P Line 4.14 of (Check one):  Last 4 digits of account number              | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  ber |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     |                | Total Claim |
|--------------|-----|---|-----|----------------|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$             | 0.00        |
| Total claims |     |   |     |                |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$             | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$             | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$             | 0.00        |
|              |     |   |     |                |             |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                | 6e. | \$             | 0.00        |
|              |     |   |     | L <sup>*</sup> |             |
|              |     |   |     |                | Total Claim |
|              | 6f. | Student loans   | 6f. | \$             | 12,323.00   |
| Total        |     |   |     |                | <u> </u>    |
| Total        | 6f. | Student loans   | 6f. | \$             |             |

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Debtor 1 LaTisha Q Lewis Document Page 26 of 56 Case number (if know)

| from Part 2 | 6g.<br>6h.<br>6i. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Add all other nonpriority unsecured claims. Write that amount here. | 6g.<br>6h.<br>6i. | \$<br>\$<br>\$ | 0.00<br>0.00<br>22,000.50 |
|-------------|-------------------|--|-------------------|----------------|---------------------------|
|             | 6j.               | Total Nonpriority. Add lines 6f through 6i.  | 6j.               | \$             | 34,323.50                 |

|                        |                          |                   | III FAUE / / ULDO |  |
|------------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor     | mation to identify your  | case:             |                   |  |
| Debtor 1               | LaTisha Q Lewis          |                   |                   |  |
|                        | First Name               | Middle Name       | Last Name         |  |
| Debtor 2               |                          |                   |                   |  |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name         |  |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number (if known) |                          |                   |                   |  |
| (II KIIOWII)           |                          |                   |                   |  |
| I                      |                          |                   |                   |  |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

|  |   | Docume   | ent Page 28 d                                       | <u> 156                                    </u>  |                    |
|--|---|--|---|--|--------------------|
| Fill in this                                 | information to identify your  | case:  |   |  |                    |
| Debtor 1                                     | LaTisha Q Lewis   |  |   |  |                    |
| Debior 1                                     | First Name  | Middle Name  | Last Name   |  |                    |
| Debtor 2                                     |   |  |   |  |                    |
| (Spouse if, filing                           | g) First Name   | Middle Name  | Last Name   |  |                    |
| United Stat                                  | es Bankruptcy Court for the:  | NORTHERN DISTRICT  | OF ILLINOIS   |  |                    |
| Case numb                                    | ner   |  |   |  |                    |
| (if known)                                   |   |  |   | ☐ Check  | if this is an      |
|  |   |  |   | _  | ed filing          |
| Sched Codebtors a beople are sill it out, an | filing together, both are equ   | re also liable for any deb<br>ally responsible for supp<br>boxes on the left. Attach | olying correct informat<br>In the Additional Page t | s complete and accurate as possible. If ion. If more space is needed, copy the Ao this page. On the top of any Additiona | Additional Page,   |
|  | ou have any codebtors? (If  | , ,  |   | as a codebtor.   |                    |
|  | , ,   |  | ·   |  |                    |
| ■ No<br>□ Yes                                |   |  |   |  |                    |
| Arizona ■ No. □ Yes.                         | a, California, Idaho, Louisiana,<br>Go to line 3.<br>. Did your spouse, former spou | Nevada, New Mexico, Puuse, or legal equivalent live                                  | erto Rico, Texas, Wash                              | y? (Community property states and territorington, and Wisconsin.)  if your spouse is filing with you. List th            |                    |
| in line<br>Form 1                            | 2 again as a codebtor only i  | f that person is a guaran  | tor or cosigner. Make                               | sure you have listed the creditor on Sch<br>6G). Use Schedule D, Schedule E/F, or  | nedule D (Official |
|  | Column 1: Your codebtor<br>lame, Number, Street, City, State and Zi                 | P Code   |   | Column 2: The creditor to whom yo Check all schedules that apply:  | u owe the debt     |
| 3.1  |   |  |   | ☐ Schedule D, line   |                    |
|  | Name  |  |   | Schedule E/F, line   |                    |
|  |   |  |   | ☐ Schedule G, line   |                    |
| <del>-</del>                                 | 0   |  |   |  |                    |
|  | Number Street<br>City   | State  | ZIP Code  |  |                    |
|  |   |  |   | Doublet D.   |                    |
| 3.2  | Name  |  |   | Schedule D, line   |                    |
| ,  |   |  |   | ☐ Schedule E/F, line   |                    |
|  |   |  |   | ☐ Schedule G, line   |                    |
|  | Number Street   | _  |   | _  |                    |
| C  | City  | State  | ZIP Code  |  |                    |

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|                    |  |  |   |                     |                | _                                     |                              |                                    |                 |
|--------------------|--|--|---|---------------------|----------------|---------------------------------------|------------------------------|------------------------------------|-----------------|
| Fill               | in this information to identify yo   | ur case:   |   |                     |                |                                       |                              |                                    |                 |
| Del                | btor 1 LaTisha (   | Q Lewis  |   |                     |                |                                       |                              |                                    |                 |
|                    | btor 2<br>buse, if filing)   |  |   |                     | _              |                                       |                              |                                    |                 |
| Uni                | ited States Bankruptcy Court for   | the: NORTHERN DISTRIC  | CT OF ILLINOIS                                      |                     |                |                                       |                              |                                    |                 |
|                    | se number<br>  |  | -   |                     |                |                                       | ded filing<br>nent showi     | ng postpetition<br>following date: |                 |
| 0                  | fficial Form 106I  |  |   |                     |                | MM / DD/                              | YYYY                         |                                    |                 |
| S                  | chedule I: Your Ir   | ncome  |   |                     |                | , 22,                                 |                              |                                    | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as plying correct information. If youse. If you are separated and ch a separate sheet to this formation.  Describe Employment | ou are married and not fili<br>your spouse is not filing w<br>m. On the top of any addit | ng jointly, and your ith you, do not include        | spouse<br>ude infor | is liv<br>mati | ring with you, inc<br>on about your s | clude infor<br>couse. If m   | mation about<br>ore space is       | your<br>needed, |
|                    | information.   |  | Debtor 1  |                     |                |                                       |                              | filing spouse                      |                 |
|                    | If you have more than one job attach a separate page with information about additional   | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                     |                |                                       | ☐ Employed<br>☐ Not employed |                                    |                 |
|                    | employers.   | Occupation   | Front Desk Serv                                     | ice Rep             |                |                                       |                              |                                    |                 |
|                    | Include part-time, seasonal, o self-employed work.   | r<br>Employer's name   | LQ Managemer  | nt, LLC             |                |                                       |                              |                                    |                 |
|                    | Occupation may include stude or homemaker, if it applies.  | ent Employer's address   | 909 Hidden Rid<br>Irving, TX 75038                  |                     | 600            |                                       |                              |                                    |                 |
|                    |  | How long employed t  | there? 18 Mor                                       | nths                |                |                                       |                              |                                    |                 |
| Pai                | Give Details About   | Monthly Income   |   |                     |                |                                       |                              |                                    |                 |
| spoi               | imate monthly income as of thuse unless you are separated.   | ·  | ,   | ·                   |                |                                       | ·                            | ·                                  | ŭ               |
|                    | ou or your non-filing spouse have<br>e space, attach a separate shee   |  | ombine the information                              | on for all o        | empl           | oyers for that per                    | son on the                   | lines below. If                    | you need        |
|                    |  |  |   |                     |                | For Debtor 1                          |                              | ebtor 2 or<br>ling spouse          |                 |
| 2.                 | List monthly gross wages, s deductions). If not paid month   |  |   | 2.                  | \$             | 1,974.42                              | \$                           | N/A                                | -               |
| 3.                 | Estimate and list monthly or   | vertime pay.   |   | 3.                  | +\$            | 0.00                                  | +\$                          | N/A                                | -               |
| 4.                 | Calculate gross Income. Ac   | d line 2 + line 3.   |   | 4.                  | \$             | 1,974.42                              | \$                           | N/A                                |                 |

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| Debto | or 1                          | LaTisha Q Lewis  | _        | Cas | se number (if known) |      |                               |                |
|-------|-------------------------------|--|----------|-----|----------------------|------|-------------------------------|----------------|
|       |                               |  |          |     |                      |      |                               |                |
|       |                               |  |          | F   | or Debtor 1          |      | Debtor 2 or<br>-filing spouse |                |
|       | Сор                           | y line 4 here  | 4.       | \$  | 1,974.42             | \$   | N/A                           |                |
| 5.    | List                          | all payroll deductions:  |          |     |                      |      |                               |                |
|       | 5a.                           | Tax, Medicare, and Social Security deductions  | 5a.      | \$  | 260.93               | \$   | N/A                           |                |
|       | 5b.                           | Mandatory contributions for retirement plans   | 5b.      | \$  | 44.31                | \$   | N/A                           |                |
|       | 5c.                           | Voluntary contributions for retirement plans   | 5c.      | \$  | 0.00                 | \$   | N/A                           |                |
|       | 5d.                           | Required repayments of retirement fund loans   | 5d.      |     | 0.00                 | \$   | N/A                           |                |
|       | 5e.                           | Insurance  | 5e.      |     | 201.87               | \$   | N/A                           |                |
|       | 5f.                           | Domestic support obligations   | 5f.      | \$  | 0.00                 | \$   | N/A                           |                |
|       | 5g.                           | Union dues   | 5g.      |     | 0.00                 | \$   | N/A                           |                |
|       | 5h.                           | Other deductions. Specify:   | 5h.      |     | 0.00                 | + \$ | N/A                           |                |
|       |                               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       | \$  | 507.11               | \$   | N/A                           |                |
| 7.    | Cald                          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | \$  | 1,467.31             | \$   | N/A                           |                |
| 8.    | List<br>8a.                   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross  |          |     |                      |      |                               |                |
|       |                               | receipts, ordinary and necessary business expenses, and the total  |          |     |                      |      |                               |                |
|       |                               | monthly net income.  | 8a.      |     | 0.00                 | \$   | N/A                           |                |
|       | 8b.                           | Interest and dividends   | 8b.      | \$  | 0.00                 | \$   | N/A                           |                |
|       | 8c.                           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |          |     |                      |      |                               |                |
|       |                               | settlement, and property settlement.   | 8c.      | \$  | 0.00                 | \$   | N/A                           |                |
|       | 8d.                           | Unemployment compensation  | 8d.      | \$  | 0.00                 | \$   | N/A                           |                |
|       | 8e.                           | Social Security  | 8e.      | \$  | 0.00                 | \$   | N/A                           |                |
|       | 8f.                           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | e<br>8f. | \$  | 0.00                 | \$   | N/A                           |                |
|       | 8g.                           | Pension or retirement income   | 8g.      |     | 0.00                 | \$   | N/A                           |                |
|       | 8h.                           | Other monthly income. Specify: Contribution from Daughter  | 8h.      |     | 750.00               | + \$ | N/A                           |                |
|       |                               | Anticipated cash income from 2nd Job   | _        | \$  | 1,500.00             | \$   | N/A                           |                |
| 9.    | Add                           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$_ | 2,250.00             | \$   | N/A                           |                |
| 10    | Cala                          | sulate monthly income. Add line 7 L line 0   | 10 4     | •   | 2 717 24             |      | N/A G                         | 0.747.04       |
|       |                               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      | P   | 3,717.31 + \$        |      | N/A = \$                      | 3,717.31       |
| 11.   | Stat<br>Inclu<br>othe<br>Do r | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acity: | deper    |     | •                    |      | Schedule J.<br>11. +\$        | 0.00           |
|       |                               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |          |     |                      |      | 12. \$                        | 3,717.31       |
|       |                               |  |          |     |                      |      | Combin monthly                | ed<br>/ income |
| 13.   | Do y<br>■<br>□                | you expect an increase or decrease within the year after you file this form No.  Yes. Explain:   | ?        |     |                      |      |                               |                |

Schedule I: Your Income

page 2

Official Form 106I

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|                   | in this information                                | the section of the section of                         |                                     |   |  |           |        |                 |   |       |
|-------------------|--|---|-------------------------------------|---|--|-----------|--------|-----------------|---|-------|
|                   | in this informat                                   | tion to identify yo                                   | our case:                           |   |  |           |        |                 |   |       |
| Deb               | tor 1  | LaTisha Q Le  | wis                                 |   |  | Ch        | neck i | f this is:      |   |       |
| <u>.</u>          |  |   |                                     |   |  |           |        | amended filing  |   |       |
|                   | otor 2<br>ouse, if filing)                         |   |                                     |   |  |           |        |                 | ving postpetition chap<br>the following date: | ter   |
| (Spt              | buse, ii iiiiig)                                   |   |                                     |   |  |           | 13     | expenses as or  | the following date.                           |       |
| Unit              | ed States Bankr                                    | uptcy Court for the:                                  | NORTH                               | HERN DISTRICT OF ILLIN  | NOIS                                     |           | MN     | M / DD / YYYY   |   |       |
| l                 | e number<br>nown)                                  |   |                                     |   |  |           |        |                 |   |       |
| O                 | fficial Fo   | rm 106J   |                                     |   |  |           |        |                 |   |       |
| S                 | chedule  | J: Your I   | Exper                               | ises  |  |           |        |                 |   | 12/15 |
| Be<br>info<br>nur | as complete a<br>ormation. If mon<br>mber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people a<br>ich another sheet to this                  |  |           |        |                 |   |       |
| Par<br>1.         | t 1: Descri<br>Is this a join                      | ibe Your House  | noia                                |   |  |           |        |                 |   |       |
| ••                | No. Go to  |   |                                     |   |  |           |        |                 |   |       |
|                   | ☐ Yes. Does  | s Debtor 2 live i                                     | n a separ                           | ate household?  |  |           |        |                 |   |       |
|                   | □ No   | 0   |                                     |   |  |           |        |                 |   |       |
|                   |  |   | st file Offic                       | al Form 106J-2, Expense   | s for Separate House                     | hold of D | ebtor  | 2.              |   |       |
| 2.                | Do you have  | donondonte?   | П.                                  |   |  |           |        |                 |   |       |
| ۷.                | •  | e dependents?   | ☐ No                                |   |  |           |        |                 |   |       |
|                   | Do not list De Debtor 2.                           | ebtor 1 and   | Yes.                                | Fill out this information for each dependent                            | Dependent's relati<br>Debtor 1 or Debtor |           | _      | Dependent's age | Does dependent live with you?                 |       |
|                   | Do not state                                       | tho   |                                     |   |  |           | _      |                 | □ No  |       |
|                   | dependents i                                       |   |                                     |   | Son                                      |           |        | 17              | ■ Yes   |       |
|                   |  |   |                                     |   |  |           |        |                 | □ No  |       |
|                   |  |   |                                     |   |  |           |        |                 | ☐ Yes   |       |
|                   |  |   |                                     |   |  |           |        |                 | □ No  |       |
|                   |  |   |                                     |   |  |           |        |                 | ☐ Yes   |       |
|                   |  |   |                                     |   |  |           |        |                 | □ No  |       |
| •                 | _  |   |                                     |   |  |           |        |                 | ☐ Yes   |       |
| 3.                | expenses of  | enses include<br>f people other tl<br>d your depende  | han 🦳                               | No<br>Yes   |  |           |        |                 |   |       |
| Est<br>exp        | imate your ex                                      |   | our bankr                           | ly Expenses<br>uptcy filing date unless<br>y is filed. If this is a sup |  |           |        |                 |   |       |
| the               |  | n assistance and                                      |                                     | government assistance cluded it on <i>Schedule I:</i>                   |  |           |        | Your expe       | enses   |       |
| ,                 | The sect !   |   | h.l.a                               |   | la alcoda Contro                         | _         |        |                 |   |       |
| 4.                |  | or nome owners<br>and any rent for the                |                                     | ses for your residence.<br>or lot.                                      | Include first mortgage                   | 4.        | \$_    |                 | 750.00  |       |
|                   | If not includ                                      | ed in line 4:   |                                     |   |  |           |        |                 |   |       |
|                   | 4a. Real e   | state taxes   |                                     |   |  | 4a.       | \$     |                 | 158.00  |       |
|                   | 4b. Proper   | rty, homeowner's                                      | s, or renter                        | 's insurance  |  | 4b.       | - : -  |                 | 175.00  |       |
|                   |  |   |                                     | upkeep expenses   |  | 4c.       |        |                 | 0.00  |       |
| _                 |  | owner's associat                                      |                                     |   |  | 4d.       |        |                 | 0.00  |       |
| 5.                | Additional n                                       | nortgage payme  | ents for yo                         | <b>our residence,</b> such as h   | ome equity loans                         | 5.        | \$     |                 | 0.00  |       |

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| Debt | or 1 LaTisha Q Lewis C  | Case num     | ber (if known) |                          |
|------|---|--------------|----------------|--------------------------|
| 6.   | Utilities:  |              |                |                          |
|      | 6a. Electricity, heat, natural gas  | 6a.          | \$             | 200.00                   |
|      | 6b. Water, sewer, garbage collection  | 6b.          | · -            | 50.00                    |
|      | 6c. Telephone, cell phone, Internet, satellite, and cable services                                    | 6c.          | ·              | 50.00                    |
|      | 6d. Other. Specify:   | 6d.          | · -            | 0.00                     |
|      | Food and housekeeping supplies  | _ ou.        | ·              |                          |
|      |   |              | ·              | 396.08                   |
|      | Childcare and children's education costs  | 8.           | \$             | 0.00                     |
|      | Clothing, laundry, and dry cleaning   | 9.           | \$             | 50.00                    |
|      | Personal care products and services   | 10.          | ·              | 30.00                    |
|      | Medical and dental expenses   | 11.          | \$             | 0.00                     |
|      | Transportation. Include gas, maintenance, bus or train fare.  | 12.          | ¢              | 50.00                    |
|      | Do not include car payments.  |              | ·              |                          |
|      | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.          | · -            | 0.00                     |
|      | Charitable contributions and religious donations  | 14.          | \$             | 0.00                     |
| -    | Insurance.  |              |                |                          |
|      | Do not include insurance deducted from your pay or included in lines 4 or 20.                         | 4-           | •              |                          |
|      | 15a. Life insurance   | 15a.         | ·              | 0.00                     |
|      | 15b. Health insurance   | 15b.         | · -            | 0.00                     |
|      | 15c. Vehicle insurance  | 15c.         | \$             | 0.00                     |
|      | 15d. Other insurance. Specify:  | 15d.         | \$             | 0.00                     |
| 6.   | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |              |                |                          |
|      | Specify: Tax Escrow   | 16.          | \$             | 329.23                   |
| 7.   | Installment or lease payments:  | _            |                |                          |
|      | 17a. Car payments for Vehicle 1   | 17a.         | \$             | 0.00                     |
|      | 17b. Car payments for Vehicle 2   | 17b.         | \$             | 0.00                     |
|      | 17c. Other. Specify:  | 17c.         | \$             | 0.00                     |
|      | 17d. Other. Specify:  | 17d.         | \$             | 0.00                     |
|      | Your payments of alimony, maintenance, and support that you did not report as                         |              | <u> </u>       |                          |
|      | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                       | 18.          | \$             | 0.00                     |
|      | Other payments you make to support others who do not live with you.                                   |              | \$             | 0.00                     |
|      | Specify:  | 19.          |                |                          |
| 0.   | Other real property expenses not included in lines 4 or 5 of this form or on Sched                    | ule I: Yo    | our Income.    |                          |
|      | 20a. Mortgages on other property  | 20a.         |                | 0.00                     |
|      | 20b. Real estate taxes  | 20b.         | \$             | 0.00                     |
|      | 20c. Property, homeowner's, or renter's insurance   | 20c.         | · -            | 0.00                     |
|      | 20d. Maintenance, repair, and upkeep expenses   | 20d.         |                | 0.00                     |
|      | 20e. Homeowner's association or condominium dues  | 20a.<br>20e. |                |                          |
|      |   |              | ·              | 0.00                     |
| 1.   | Other: Specify:   | 21.          | +\$            | 0.00                     |
| 2.   | Calculate your monthly expenses   |              |                |                          |
|      | 22a. Add lines 4 through 21.  |              | \$             | 2,238.31                 |
|      | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                  |              | \$             | 1,084.00                 |
|      |   |              |                | <u> </u>                 |
|      | 22c. Add line 22a and 22b. The result is your monthly expenses.                                       |              | \$             | 3,322.31                 |
| 3.   | Calculate your monthly net income.  |              | 1              |                          |
|      | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                     | 23a.         | \$             | 3,717.31                 |
|      | 23b. Copy your monthly expenses from line 22c above.  | 23b.         |                | 3,322.31                 |
|      | 200. 20pj just monthly expended from the 220 above.   | 200.         |                | 0,022.01                 |
|      | 23c. Subtract your monthly expenses from your monthly income.   |              |                |                          |
|      | The result is your <i>monthly net income</i> .  | 23c.         | \$             | 395.00                   |
|      | South to your monthly not moonto.   |              | 1              |                          |
| 24.  | Do you expect an increase or decrease in your expenses within the year after you                      | file this    | form?          |                          |
|      | For example, do you expect to finish paying for your car loan within the year or do you expect your m |              |                | or decrease because of a |
|      | modification to the terms of your mortgage?   |              |                |                          |
|      | ■ No.   |              |                |                          |
|      | Yes. Explain here:  |              |                |                          |
|      | ☐ Yes.   Explain here.  |              |                |                          |

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| Deb           | btor 1 LaTisha Q Lewis  |  | Case   | nun                          | nber (if known)  |  |
|---------------|---|--|--|------------------------------|--|--|
| Fill          | in this information to identify you   | r case:  |  |                              |  |  |
| Deb           | otor 1 LaTisha Q Lew otor 2 ouse, if filing)  | is   | C  | ] <i>A</i>                   | c if this is:<br>An amended filing<br>A supplement showin<br>expenses as of the fo | g postpetition chapter 13<br>illowing date:                                  |
| Unit          | ted States Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILLIN   | OIS  | -                            | MM / DD / YYYY   |  |
|               | se number   |  |  | <b>■</b> N                   | Non-Filing Person  |  |
| Solution Span | e this form for Debtor 2's separ<br>btor 2 have one or more depen<br>m only with respect to expense   | Expenses for Separate household expenses ONLY Indents in common, list the dependent of the common and the commo | F Debtor 1 and Debtor 2<br>dents on both Schedule<br>ted on Schedule J. Be a | 2 ma<br>e <i>J a</i><br>as c | iintain separate hou<br>nd this form. Answ<br>omplete and accura                   | useholds. If Debtor 1 and wer the questions on this ate as possible. If more |
|               | t 1: Describe Your Househ   | old  |  |                              |  |  |
| 1.            | Do you and Debtor 1 maintain  No. Do not complete th  Yes   | n separate households?   |  |                              |  |  |
| 2.            | Do you have dependents?   | □ No   |  |                              |  |  |
|               | Do not list Debtor 1 but<br>list all other<br>dependents of Debtor 2<br>regardless of whether<br>listed as a dependent<br>of Debtor 1 on<br>Schedule J. | Yes.  Fill out this information for each dependent   | Dependent's relationsh<br>Debtor 2   | ip to                        | Dependent's<br>age   | Does dependent<br>live with you?   |
|               | Do not state the dependents names.  |  | Son  |                              | 17   | □ No<br>■ Yes  |
|               |   |  |  |                              |  | □ No □ Yes   |
|               |   |  |  |                              |  | □ No<br>□ Yes  |
|               |   |  |  |                              |  | □ No □ Yes   |
| 3.            | Do your expenses include<br>expenses of people other that<br>yourself and your dependent  |  |  |                              |  | _  |
| Est           | Estimate Your Ongoing<br>timate your expenses as of you<br>penses as of a date after the ba   | r bankruptcy filing date unless y  | ou are using this form a   | as a                         | supplement in a Ch   | napter 13 case to report   |
|               |   | n-cash government assistance in ided it on Schedule I: Your Incom  |  | ı                            | Your expenses  |  |
| 4.            | The rental or home ownership payments and any rent for the  | p expenses for your residence. In ground or lot.   | nclude first mortgage  | 4.                           | \$   | 0.00   |
|               | If not included in line 4:  |  |  |                              |  |  |
|               | <ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's,</li></ul>  | or renter's insurance  |  | 4a.<br>4b.                   |  | 0.00   |
|               |   | air, and upkeep expenses   |  | 4c.                          | \$   | 0.00   |
|               | 4d Homeowner's association  | n or condominium dues  |  | 4d                           | .75  | 0.00   |

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| Deb | tor 1 <u>LaTisl</u> | ha Q Lewis  | Case num | ber (if known) |                               |
|-----|---------------------|---|----------|----------------|-------------------------------|
| 5.  | Additional n        | nortgage payments for your residence, such as home equity loans   | 5.       | \$             | 0.00                          |
| 6.  | Utilities:          |   |          |                |                               |
|     | 6a. Electric        | city, heat, natural gas   | 6a.      | \$             | 0.00                          |
|     | 6b. Water,          | sewer, garbage collection   | 6b.      | \$             | 0.00                          |
|     | 6c. Teleph          | none, cell phone, Internet, satellite, and cable services   | 6c.      | \$             | 0.00                          |
|     | 6d. Other.          | Specify: Cell Phone(2)  | 6d.      | \$             | 150.00                        |
| 7.  |                     | pusekeeping supplies  | 7.       | \$             | 350.00                        |
| 8.  | Childcare ar        | nd children's education costs   | 8.       | \$             | 0.00                          |
| 9.  | Clothing, lau       | undry, and dry cleaning   | 9.       | \$             | 90.00                         |
| 10. | Personal ca         | re products and services  | 10.      | \$             | 0.00                          |
|     |                     | dental expenses   | 11.      | \$             | 100.00                        |
| 12. | Transportati        | ion. Include gas, maintenance, bus or train fare.   |          |                |                               |
|     |                     | le car payments.  | 12.      | \$             | 250.00                        |
| 13. | Entertainme         | nt, clubs, recreation, newspapers, magazines, and books   | 13.      | \$             | 0.00                          |
| 14. | Charitable c        | ontributions and religious donations  | 14.      | \$             | 0.00                          |
| 15. | Insurance.          |   |          |                |                               |
|     |                     | le insurance deducted from your pay or included in lines 4 or 20.   |          |                |                               |
|     | 15a. Life ins       |   | 15a.     | ·              | 0.00                          |
|     | 15b. Health         |   | 15b.     | ·              | 0.00                          |
|     | 15c. Vehicle        | e insurance   | 15c.     | · -            | 89.00                         |
|     |                     | insurance. Specify:   | 15d.     | \$             | 0.00                          |
| 16. |                     | ot include taxes deducted from your pay or included in lines 4 or 20.   |          | _              |                               |
|     | Specify:            |   | 16.      | \$             | 0.00                          |
| 17. |                     | or lease payments:  | 170      | ¢.             | 0.00                          |
|     | •                   | lyments for Vehicle 1   | 17a.     | · -            | 0.00                          |
|     |                     | lyments for Vehicle 2   | 17b.     | ·              | 0.00                          |
| 40  | 17c. Other.         |   | 17c.     | <b>a</b>       | 0.00                          |
| 18. |                     | nts of alimony, maintenance, and support that you did not report as<br>om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                                |          | \$             | 0.00                          |
| 19  |                     | ents you make to support others who do not live with you.   |          | \$             | 0.00                          |
|     | Specify:            | усл усл.  | 19.      |                | 0.00                          |
| 20. |                     | roperty expenses not included in lines 4 or 5 of this form or on Sch  |          | our Income.    |                               |
|     | •                   | ages on other property  | 20a.     |                | 0.00                          |
|     | 20b. Real e         | state taxes   | 20b.     | \$             | 0.00                          |
|     | 20c. Proper         | rty, homeowner's, or renter's insurance   | 20c.     | \$             | 0.00                          |
|     | •                   | enance, repair, and upkeep expenses   | 20d.     | \$             | 0.00                          |
|     |                     | owner's association or condominium dues   | 20e.     | \$             | 0.00                          |
| 21. | Other: Speci        | fur Crooming  | 21.      | +\$            | 50.00                         |
|     | Postage             | is. Grooming  |          | \$             | 5.00                          |
|     |                     |   |          |                |                               |
| 22. | The result is       | <b>ly expenses.</b> Add lines 5 through 21. the monthly expenses of Debtor 2. Copy the result to line 22b of Schedutotal expenses for Debtor 1 and Debtor 2.                      | ule J to | \$             | 1,084.00                      |
| 0.0 |                     |   |          |                |                               |
|     |                     | d on this form.   | (1)      |                |                               |
| 24. | For example, o      | ect an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you the terms of your mortgage? |          |                | ease or decrease because of a |
|     | ■ No                |   |          |                |                               |

| Nο |
|----|
|    |

| <b>—</b> NO. |               |
|--------------|---------------|
| ☐ Yes.       | Explain here: |

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| Fill in this infor              | mation to identify your               | case:                    |                            |                             |                      |
|---------------------------------|---------------------------------------|--------------------------|----------------------------|-----------------------------|----------------------|
| Debtor 1                        | LaTisha Q Lewis                       |                          |                            |                             |                      |
|                                 | First Name                            | Middle Name              | Last Name                  |                             |                      |
| Debtor 2<br>(Spouse if, filing) | First Name                            | Middle Name              | Last Name                  |                             |                      |
|                                 |                                       |                          |                            |                             |                      |
| United States Ba                | ankruptcy Court for the:              | NORTHERN DISTRICT        | OF ILLINOIS                |                             |                      |
| Case number                     |                                       |                          |                            |                             |                      |
| (if known)                      |                                       |                          |                            | □ CI                        | heck if this is an   |
|                                 |                                       |                          |                            | ar                          | mended filing        |
|                                 |                                       |                          |                            |                             |                      |
| O(f; =; =   F =                 | 400D                                  |                          |                            |                             |                      |
| Official For                    | -                                     |                          |                            |                             |                      |
| Declarat                        | tion About a                          | an Individual            | <b>Debtor's Sc</b>         | hedules                     | 12/15                |
|                                 |                                       |                          |                            |                             |                      |
|                                 | 8 U.S.C. §§ 152, 1341, 1<br> In Below | 1313, and 3371.          |                            |                             |                      |
| Did you pa                      | ay or agree to pay some               | eone who is NOT an attor | ney to help you fill out b | ankruptcy forms?            |                      |
| ■ No                            |                                       |                          |                            |                             |                      |
| □ Yes.                          | Name of person                        |                          |                            | Attach Bankruptcy Petition  | on Prenarer's Notice |
|                                 |                                       |                          |                            | Declaration, and Signatu    |                      |
|                                 |                                       |                          |                            |                             |                      |
|                                 |                                       | that I have read the sum | mary and schedules file    | d with this declaration and |                      |
| that they ar                    | re true and correct.                  |                          |                            |                             |                      |
| X /s/ LaT                       | Tisha Q Lewis                         |                          | X                          |                             |                      |
|                                 | na Q Lewis                            |                          | Signature of               | Debtor 2                    | <u> </u>             |
| Signatu                         | re of Debtor 1                        |                          |                            |                             |                      |
| Date                            | August 22, 2016                       |                          | Date                       |                             |                      |
|                                 | ٠ , ٠ -                               |                          |                            |                             |                      |

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|   | in this inform   | ation to identify you   | r case:                                    |   |  |   |  |
|---|--|---|--|---|--|---|--|
| Del   | btor 1   | LaTisha Q Lewis   | Middle Name                                | Last Name   |  |   |  |
| Del   | btor 2   | Thot Name   | Middle Hame                                | Last Namo   |  |   |  |
| (Spo  | ouse if, filing)   | First Name  | Middle Name                                | Last Name   |  |   |  |
| Uni   | ited States Bar  | kruptcy Court for the:  | NORTHERN DISTRICT                          | OF ILLINOIS   |  |   |  |
|   | se number  |   |  |   |  | ☐ Check if this is an amended filing                  |  |
|   | ficial For   |   | Affairs for Indivi                         | duals Filing fo                                     | or Bankruptcy  | 4/10  |  |
| info<br>nun   | rmation. If monber (if known   | ore space is needed,<br>). Answer every que                                     | attach a separate sheet to stion.          | this form. On the top                               | th are equally responsible for of any additional pages, wr   |   |  |
| 1 <u>-</u> 61   |  | current marital statu   | rital Status and Where Yo                  | u Lived Betore                                      |  |   |  |
|   | ■ Married  |   |  |   |  |   |  |
|   | ☐ Not mari   | 1ea   |  |   |  |   |  |
| 2.  | During the la  | During the last 3 years, have you lived anywhere other than where you live now? |  |   |  |   |  |
|   | ■ No □ Yes. List   | all of the places you I   | ived in the last 3 years. Do r             | not include where you liv                           | ve now.  |   |  |
|   | Debtor 1 Pri   | or Address:   | Dates Debtor 1 lived there                 | Debtor 2 Pri  | ior Address:   | Dates Debtor 2<br>lived there                         |  |
| <b>3.</b><br>state  |  |   |  |   | mmunity property state or to<br>erto Rico, Texas, Washington | erritory? (Community property and Wisconsin.)         |  |
|   | ■ No □ Yes. Ma   | ke sure you fill out <i>Scl</i>   | nedule H: Your Codebtors (C                | Official Form 106H).                                |  |   |  |
| D   | rt O - Francis   | the Courses of Vou  | . I  |   |  |   |  |
| Pa  | rt 2 Explair   | n the Sources of You  | r income                                   |   |  |   |  |
| 4.  | B. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |   |  |   |  |   |  |
|   | □ No ■ Yes. Fill   | in the details.   |  |   |  |   |  |
|   |  |   | Debtor 1                                   |   | Debtor 2   |   |  |
|   |  |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions a<br>exclusions) | Sources of income  | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: |  |   | ■ Wages, commissions, bonuses, tips        | \$16,298  | 3.62 ☐ Wages, commission bonuses, tips                       | ons,  |  |
|   |  |   | ☐ Operating a business                     |   | ☐ Operating a busin  | ess   |  |

Official Form 107

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|   |  |  |  | Debtor 1   |   | Debtor 2  |                          |   |
|---|--|--|--|--|---|---|--------------------------|---|
|   |  |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of inco   |                          | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2015) |  | ■ Wages, commissions, bonuses, tips          | \$16,501.00  | ☐ Wages, components, tips  | nissions,   |   |                          |   |
|   |  |  |  | ☐ Operating a business   |   | ☐ Operating a b   | ousiness                 |   |
|   |  | dar year be<br>December                      |  | ■ Wages, commissions, bonuses, tips  | \$17,257.00   | ☐ Wages, commonute bonuses, tips                                  | nissions,                |   |
|   |  |  |  | ☐ Operating a business   |   | ☐ Operating a b   | ousiness                 |   |
| 5.  | Include include and other winnings.  List each s | come regard<br>public bene<br>If you are fil | dless of wheth<br>fit payments;<br>ing a joint cas<br>the gross inco | e during this year or the two<br>ner that income is taxable. Ex-<br>pensions; rental income; inte-<br>se and you have income that you<br>ome from each source separa | amples of other income are a<br>rest; dividends; money collec<br>you received together, list it o | limony; child suppo<br>ted from lawsuits; r<br>only once under De | royalties; an<br>btor 1. |   |
|   |  |  |  | Dobtos 4   |   | Dahtar 2  |                          |   |
|   |  |  |  | Debtor 1 Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)                                  | Debtor 2 Sources of inco Describe below.                          | ome                      | Gross income<br>(before deductions<br>and exclusions) |
|   |  | / 1 of curre<br>filed for bar                | nt year until<br>nkruptcy:   | Contribution   | \$750.00  |   |                          |   |
|   |  | dar year be<br>December                      |  | Unemployment   | \$7,514.00  |   |                          |   |
|   |  |  |  | Pensions/ Annuities  | \$669.00  |   |                          |   |
| Par   | t 3: List  | : Certain Pa                                 | yments You   | Made Before You Filed for  | Bankruptcy  |   |                          |   |
| 6.  | Are either                                       | Neither D                                    | ebtor 1 nor D  | 's debts primarily consume<br>Debtor 2 has primarily consu<br>personal, family, or househo   | u <mark>mer debts.</mark> Consumer debt   | s are defined in 11   | U.S.C. § 10              | 11(8) as "incurred by an                              |
|   |  | During the                                   | 90 days befo   | ore you filed for bankruptcy, di   | id you pay any creditor a tota  | l of \$6,425* or mor  | e?                       |   |
|   |  | ☐ Yes  | paid that cr   | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the  | nts for domestic support oblig  |   |                          |   |
|   |  | * Subject                                    |  | t on 4/01/19 and every 3 year  |   | or after the date of  | adjustment               | t.  |
|   | ■ Yes.   |  |  | or both have primarily consurer you filed for bankruptcy, di   |   | I of \$600 or more?   |                          |   |
|   |  | ■ No.  | Go to line 7   |  |   |   |                          |   |
|   |  | □ Yes  | include pay  | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.   |   |   |                          |   |
|   | Creditor'  | s Name an                                    | d Address  | Dates of payme   | ent Total amount  | Amount you  | Was this                 | payment for   |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                            |                      |                      |                         |                          |  |  |
|-----|---|----------------------------|----------------------|----------------------|-------------------------|--------------------------|--|--|
|     | ■ No  |                            |                      |                      |                         |                          |  |  |
|     | ☐ Yes. List all payments to an insider.   |                            |                      |                      |                         |                          |  |  |
|     | Insider's Name and Address  | Dates of payment           | Total amount paid    | Amount you still owe | Reason for              | this payment             |  |  |
| 3.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi  |                            | ments or transfer a  | any property on a    | ccount of a de          | ebt that benefited an    |  |  |
|     | No  | gried by an insider.       |                      |                      |                         |                          |  |  |
|     | Yes. List all payments to an insider  |                            |                      |                      |                         |                          |  |  |
|     | Insider's Name and Address  | Dates of payment           | Total amount paid    | Amount you still owe | Reason for Include cred | this payment itor's name |  |  |
| Pai | rt 4: Identify Legal Actions, Repossession  | s, and Foreclosures        |                      |                      |                         |                          |  |  |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes.   |                            |                      |                      |                         |                          |  |  |
|     | ■ No  |                            |                      |                      |                         |                          |  |  |
|     | Yes. Fill in the details.   | N . Cal                    | •                    |                      | 0                       |                          |  |  |
|     | Case title Case number  | Nature of the case         | Court or agency      |                      | Status of th            | e case                   |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  |                            |                      |                      |                         |                          |  |  |
|     | No. Go to line 11.  |                            |                      |                      |                         |                          |  |  |
|     | ☐ Yes. Fill in the information below.   |                            |                      |                      |                         |                          |  |  |
|     | Creditor Name and Address   | Describe the Property      |                      | Date                 |                         | Value of the property    |  |  |
|     |   | Explain what happened      | I                    |                      |                         |                          |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  |                            |                      |                      |                         |                          |  |  |
|     | ☐ Yes. Fill in the details.   |                            |                      |                      |                         |                          |  |  |
|     | Creditor Name and Address   | Describe the action the    | creditor took        | Date<br>taker        | action was              | Amount                   |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  |                            |                      |                      |                         |                          |  |  |
|     | No  |                            |                      |                      |                         |                          |  |  |
|     | ☐ Yes   |                            |                      |                      |                         |                          |  |  |
| Pai | List Certain Gifts and Contributions  |                            |                      |                      |                         |                          |  |  |
| 13. | Within 2 years before you filed for bankrupt  | cy, did you give any gifts | s with a total value | of more than \$60    | 0 per person?           | ?                        |  |  |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift.</li></ul>  |                            |                      |                      |                         |                          |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts         |                      | Date:<br>the g       | s you gave<br>ifts      | Value                    |  |  |
|     | Person to Whom You Gave the Gift and Address:   |                            |                      |                      |                         |                          |  |  |

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| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No |   |            |  |                   |   |                        |  |  |  |
|---|---|------------|--|-------------------|---|------------------------|--|--|--|
|   | Yes. Fill in the details for each gift or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co   | total      | on.  Describe what you contributed   |                   | Dates you contributed                   | Value                  |  |  |  |
| Par   | t 6: List Certain Losses  |            |  |                   |   |                        |  |  |  |
| 15.   | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?   |            |  |                   |   |                        |  |  |  |
|   | ■ No<br>□ Yes. Fill in the details.   |            |  |                   |   |                        |  |  |  |
|   | Describe the property you lost and how the loss occurred  | Include    | be any insurance coverage for the least the amount that insurance has paid. It is called a continuous son line 33 of Schedule A/B: | Date of your loss | Value of property lost                  |                        |  |  |  |
| Par   | t 7: List Certain Payments or Transfe   | rs         |  | , ,               |   |                        |  |  |  |
| 16.   |   |            |  |                   |   |                        |  |  |  |
|   | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>  |            |  |                   |   |                        |  |  |  |
|   | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604  |            | Description and value of any property transferred  |                   | Date payment or transfer was made       | Amount of payment      |  |  |  |
|   |   |            | \$350.00 (\$310.00 filing fee + \$33 report + \$7.00 copy)   | 3.00 credit       | 08/03/2016                              | \$350.00               |  |  |  |
|   | Green Path Debt Solutions<br>38505 Country Club Drive<br>Farmington, MI 48331   |            | \$25.00 Credit Counseling  |                   | 08/16/2016                              | \$25.00                |  |  |  |
| 17.   | Within 1 year before you filed for bankr<br>promised to help you deal with your cro<br>Do not include any payment or transfer the   | editors or | r to make payments to your creditor  |                   | r transfer any prope                    | rty to anyone who      |  |  |  |
|   | ■ No □ Yes. Fill in the details.  |            |  |                   |   |                        |  |  |  |
|   | Person Who Was Paid<br>Address  |            | Description and value of any prop transferred  | erty              | Date payment<br>or transfer was<br>made | Amount of payment      |  |  |  |
| 18.   | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |            |  |                   |   |                        |  |  |  |
|   | ■ No □ Yes. Fill in the details.  |            |  |                   |   |                        |  |  |  |
|   | Person Who Received Transfer Address  |            | Description and value of property transferred  | payments          | any property or received or debts       | Date transfer was made |  |  |  |
|   | Person's relationship to you  |            |  | paid in ex        | cnange                                  |                        |  |  |  |

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|            | ithin 10 years before you filed for bankrupto<br>eneficiary? (These are often called asset-protect<br>No<br>Yes. Fill in the details.  |  | y property to a              | self-settle             | d trust or similar device                            | of which yo     | u are a                            |
|------------|--|--|------------------------------|-------------------------|--|-----------------|------------------------------------|
| ı          | lame of trust  | Description and v  | alue of the pro              | perty trans             | sferred  | Date Tran       | sfer was                           |
| s<br>Ir    | List of Certain Financial Accounts, Instruithin 1 year before you filed for bankruptcy, old, moved, or transferred? clude checking, savings, money market, or couses, pension funds, cooperatives, associa | were any financial ac  | counts or instr              | uments he               | ld in your name, or for y                            | ·               | ·                                  |
| _          | No   |  |                              |                         |  |                 |                                    |
|            |  |  |                              | _                       |  |                 |                                    |
| 1          |  | ast 4 digits of<br>ccount number   | Type of according instrument | int or                  | Date account was closed, sold, moved, or transferred |                 | t balance<br>losing or<br>transfer |
|            | o you now have, or did you have within 1 yeansh, or other valuables?   | ar before you filed for  | bankruptcy, a                | ny safe de <sub>l</sub> | oosit box or other depos                             | itory for sec   | urities,                           |
|            | Yes. Fill in the details.  |  |                              |                         |  |                 |                                    |
| _          | lame of Financial Institution<br>address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                              | Describe                | the contents   | Do you have it  |                                    |
| 22. H<br>■ | ave you stored property in a storage unit or p No Yes. Fill in the details.  | place other than your  | home within 1                | year befor              | e you filed for bankrupt                             | cy?             |                                    |
|            | lame of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                              | Describe                | the contents   | Do you have it  |                                    |
| Part 9     | Identify Property You Hold or Control for  | r Someone Else   |                              |                         |  |                 |                                    |
|            | o you hold or control any property that some r someone.  | eone else owns? Inclu  | ude any proper               | ty you bor              | rowed from, are storing                              | for, or hold    | in trust                           |
|            | No<br>Yes. Fill in the details.  |  |                              |                         |  |                 |                                    |
|            | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                              | Describe                | the property   |                 | Value                              |
| Part 1     | O: Give Details About Environmental Inform   |  |                              |                         |  |                 |                                    |
| to         | nvironmental law means any federal, state, o<br>xic substances, wastes, or material into the<br>gulations controlling the cleanup of these su  | air, land, soil, surface   | e water, ground              | • .                     |  |                 |                                    |
| s          | te means any location, facility, or property at own, operate, or utilize it, including disposa   | s defined under any e  |                              | aw, wheth               | er you now own, operat                               | e, or utilize i | t or used                          |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |  |  |        |                                   |                    |  |  |
|-----|--|--|--|--------|-----------------------------------|--------------------|--|--|
|     | Yes. Fill in the details.  |  |  |        |                                   |                    |  |  |
|     |  | me of site dress (Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d      | Environmental law, if you know it | Date of notice     |  |  |
| 25. | Hav  | e you notified any governmental unit of  | any release of hazardous material?   |        |                                   |                    |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |        |                                   |                    |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d      | Environmental law, if you know it | Date of notice     |  |  |
| 26. | Hav  | e you been a party in any judicial or adn  | ninistrative proceeding under any envi                                     | ironi  | mental law? Include settlements   | and orders.        |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |        |                                   |                    |  |  |
|     |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Na     | ture of the case                  | Status of the case |  |  |
| Par | t 11:  | Give Details About Your Business or  | Connections to Any Business  |        |                                   |                    |  |  |
| 27. | Witl   | nin 4 years before you filed for bankrupt  | cy, did you own a business or have an                                      | ny of  | the following connections to any  | / business?        |  |  |
|     |  | ☐ A sole proprietor or self-employed in  | n a trade, profession, or other activity,                                  | , eith | ner full-time or part-time        |                    |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |  |        |                                   |                    |  |  |
|     | ☐ A partner in a partnership   |  |  |        |                                   |                    |  |  |
|     |  | ☐ An officer, director, or managing ex   | ecutive of a corporation   |        |                                   |                    |  |  |
|     |  | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation                                    |        |                                   |                    |  |  |
|     |  | No. None of the above applies. Go to F   | art 12.  |        |                                   |                    |  |  |
|     |  | Yes. Check all that apply above and fill   | in the details below for each business                                     | s.     |                                   |                    |  |  |
|     |  | siness Name<br>dress   | Describe the nature of the business  |        | Employer Identification numbe     |                    |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed                           |  |  |        |                                   | number of fritt.   |  |  |
| 28. |  | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement                                     | to aı  | nyone about your business? Inclu  | ude all financial  |  |  |
|     |  | No<br>Yes. Fill in the details below.  |  |        |                                   |                    |  |  |
|     |  | me<br>dress<br>nber, Street, City, State and ZIP Code)                           | Date Issued  |        |                                   |                    |  |  |
|     |  |  |  |        |                                   |                    |  |  |

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| t of Financial Affairs and any attachments, and I decla king a false statement, concealing property, or obtain up to \$250,000, or imprisonment for up to 20 years, o | ing money or property by fraud in connection   |
|---|--|
|   |  |
| Signature of Debtor 2   |  |
|   |  |
| Date  |  |
| tatement of Financial Affairs for Individuals Filing for  | Bankruptcy (Official Form 107)?  |
|   |  |
|   |  |
|   | sking a false statement, concealing property, or obtains up to \$250,000, or imprisonment for up to 20 years, o  Signature of Debtor 2  Date |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Debtor's attorney received \$350.00 from Debtor(s) prior to filing of the case as an advanced payment in compensation of (1) analysis of financial situation; (2) consultation on various bankruptcy and non-bankruptcy options; (3) preparation of documents; (4) payment of filing fees; and, when applicable (5) payment of costs of credit report fees.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:August 22, 2016                        |                            |  |  |
|---|----------------------------|--|--|
| Signed:                                     |                            |  |  |
| /s/ LaTisha Q Lewis                         | /s/ Thomas G. Stahulak     |  |  |
| LaTisha Q Lewis                             | Thomas G. Stahulak 6288620 |  |  |
|   | Attorney for the Debtor(s) |  |  |
|   |                            |  |  |
| Debtor(s)                                   |                            |  |  |
| Do not sign this agreement if the amounts a | re blank.                  |  |  |
|   | Local Bankruptcy Form 23c  |  |  |

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re   | LaTisha Q Lewis   |  | Case No   |  |              |
|---------|---|--|---|--|--------------|
|         |   | Debtor(s)  | Chapter   | 13   |              |
|         | DISCLOSURE OF COMPEN  | SATION OF ATTOR  | NEY FOR D   | EBTOR(S)                                     |              |
| C       | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptcy, o   | or agreed to be pai   | d to me, for services ren                    | dered or to  |
|         | For legal services, I have agreed to accept   |  | \$  | 4,000.00                                     |              |
|         | Prior to the filing of this statement I have received   |  | \$  | 0.00   |              |
|         | Balance Due   |  | \$  | 4,000.00                                     |              |
| 2. \$   | 310.00 of the filing fee has been paid.   |  |   |  |              |
| 3. T    | he source of the compensation paid to me was:   |  |   |  |              |
|         | ■ Debtor □ Other (specify):   |  |   |  |              |
| 4. T    | The source of compensation to be paid to me is:   |  |   |  |              |
|         | ■ Debtor □ Other (specify):   |  |   |  |              |
| 5.      | I have not agreed to share the above-disclosed compe  | ensation with any other person u   | nless they are men  | mbers and associates of r                    | ny law firm. |
|         | ☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name  |  |   |  | v firm. A    |
| 6. I    | n return for the above-disclosed fee, I have agreed to ren  | nder legal service for all aspects   | of the bankruptcy   | case, including:                             |              |
| b<br>c. | <ul> <li>Analysis of the debtor's financial situation, and render.</li> <li>Preparation and filing of any petition, schedules, stater.</li> <li>Representation of the debtor at the meeting of creditor.</li> <li>[Other provisions as needed]         <ul> <li>Negotiations with secured creditors to reduce agreements and applications as needed; preof liens on household goods.</li> </ul> </li> </ul> | ment of affairs and plan which is<br>rs and confirmation hearing, and<br>be to market value; exemption | may be required;<br>I any adjourned he<br>n planning; prepa | arings thereof;<br>aration and filing of rea | affirmation  |
| 7. B    | by agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dischar-<br>adversary proceeding.  |  |   | ief from stay actions o                      | r any other  |
|         |   | CERTIFICATION  |   |  |              |
|         | certify that the foregoing is a complete statement of any unkruptcy proceeding.   | agreement or arrangement for p   | payment to me for   | representation of the del                    | otor(s) in   |
| Au      | igust 22, 2016  | /s/ Thomas G. Stah   | ulak  |  |              |
| Da      | ·   | Thomas G. Stahula  | k 6288620   |  | _            |
|         |   | Signature of Attorney Stahulak & Associa   |   | Filed  |              |
|         |   | 53 W. Jackson Blvd   |   | 1100   |              |
|         |   | Chicago, IL 60604  | (0.4.0), 0.00, 7.04   |  |              |
|         |   | (312) 662-1480 Fa<br>ecf@stahulakandas   |   | 28   |              |
|         |   | Name of law firm   | 555014153.50111   |  | _            |

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | LaTisha Q Lewis                              | Debtor(s)   | Case No.        | 13                        |
|-------|--|---|-----------------|---------------------------|
|       | VER  | RIFICATION OF CREDITOR M.                               | Chapter  ATRIX  | 13                        |
|       | , —  | Number of   |                 | 26                        |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credite                | ors is true and | correct to the best of my |
| Date: | August 22, 2016                              | /s/ LaTisha Q Lewis LaTisha Q Lewis Signature of Debtor |                 |                           |

Arnold Scott Harris, P.C. 222 Merchandise Mart Plaza Suite 1932 Chicago, IL 60654

Capital One Bank PO Box 6492 Carol Stream, IL 60197

City of Chicago Department of Rev - Water Division P.O. Box 6330 Chicago, IL 60680

City of Chicago Department of Revenue PO BOX 88292 Chicago, IL 60680

Comcast 1255 W. North Ave Chicago, IL 60622

Commonwealth Edison Bankruptcy Dept 3 Lincoln Center Oakbrook Terrace, IL 60181

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Harris 111 West Jackson Blvd #400 Chicago, IL 60604

Harvard Collection 4839 N Elston Chicago, IL 60630

Illinois Department of Human Servic Cash Management Unit PO BOX 19407 Springfield, IL 62794 Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606

Little Company of Mary Hospital 2800 W. 95th St Evergreen Park, IL 60805

Mercy Hospital & Medical Center PO BOX97171 Chicago, IL 60628

Metro South Medical Center 12935 S. Gregory Blue Island, IL 60406

Midnight Velvet 1112 7th Ave Monroe, WI 53566

Montgomery Ward 1112 7th Ave Monroe, WI 53566

Nw Collector 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008

People's Gas Light & Coke 200 E Randolph St Chicago, IL 60601

Popular Real Estate, Inc 7250 N Cicero Ave, Ste 100 Lincolnwood, IL 60712

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Pronger Smith MedicalCare 2320 W. High Street Blue Island, IL 60406

Radiological Physicians, Ltd PO BOX 2150 Bedford Park, IL 60499

Sprint 1 Sprint Parkway Overland Park, KS 66251

Sprint Corp Attn: Bankruptcy Dept PO Box 7949 Overland Park, KS 66207

Us Dept Of Ed/Glelsi 2401 International Ln Madison, WI 53704

Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707